

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)						Application Number	Filing Date	
						Applicant(s) Bor Z Jang		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	*	*	*
	Indep	Depend	Indep	Depend	Indep	Indep	Depend	Indep
1	X					51		
2		X				52		
3		X				53		
4		X				54		
5		X				55		
6		X				56		
7		X				57		
8		X				58		
9		X				59		
10		X				60		
11		X				61		
12		X				62		
13		X				63		
14	X					64		
15		X				65		
16		X				66		
17		X				67		
18		X				68		
19		X				69		
20		X				70		
21	X					71		
22		X				72		
23		X				73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	3					Total Indep		
Total Depend	20	←	←	←		Total Depend	←	←
Total Claims	23					Total Claims		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.